



New York State Department of Labor  
Asbestos Project Notification  
Building 12, Room 161B  
State Office Campus  
Albany, NY 12240

**A. Type of notification**

Check only one type of notification below.

- ☒ Initial Complete all sections. We must receive this notification and fee at least 10 days before the project starts.
- ☐ Renewal Complete all sections. Submit with fee within the last 30 days of a project that will extend beyond 12 months.
- ☐ Amended Submit amended notification with all sections completed and amended item(s) circled.
- ☐ Cancelled Complete Section G and attach copy of initial notification or complete all sections.
- ☐ Emergency You must first call 518-485-9263 for prior approval of emergency status, then complete and return this form including:  
Emergency reference # \_\_\_\_\_

**B. Contractor information**

Provide all information requested below.

1. FEIN 16 -- 1593984
2. Asbestos license number 29440
3. Contractor name and address  
Empire Dismantlement Corp.  
2680 Grand Island Blvd  
Grand Island, NY 14072
4. Mailing address (if different)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Workers' Compensation Policy # WCA 2015094-11 or WC Exemption Certificate # \_\_\_\_\_  
Number of your employees you expect to be on project: 4  
**NOTE:** If you intend to have employees at the site, you must have proper workers' compensation before the start of the project.  
Will temporary workers be used? ☐ Yes ☒ No. If yes, name of temporary agency: \_\_\_\_\_

**C. Project site information**

Provide all information requested below for the building/site where the asbestos project will be conducted.

6. Project dates: Starting date 9-21-2016 Completion date 12-21-2016  
If amended: Starting date \_\_\_\_\_ Completion date \_\_\_\_\_
7. Project location: County NIAGARA  
Name of building NORTH Tonawanda Water Treatment Plant  
Room or other specific location Pipe Gallery  
Bridge Projects only. Bridge ID Number: \_\_\_\_\_  
Street address 1 Archer Street  
City, Town or Village NORTH Tonawanda State NY Zip Code 14072
8. Building information  
Current use Water Treatment Plant Year built 1940  
Prior use Water Treatment Plant Building size 1000 sq. ft.  
Is this a Federal building? ☒ No ☐ Yes

9. Building representative/site contact: Name James Dugnette Phone number (716) 695-8535

Supply all of the information requested below about the specifics of asbestos removal.

10. Is this a phased project? ☒ No ☐ Yes

If yes, list scope, location and start and end dates for each phase below. If there are more than 4 phases, please use Section F to continue.

Start date	End date	Location	Scope

10. Will sub-contractor(s) be used: ☒ No ☐ Yes (If yes, complete lines below.)

Name \_\_\_\_\_ Asbestos Lic. No. \_\_\_\_\_

Name \_\_\_\_\_ Asbestos Lic. No. \_\_\_\_\_

11. Do you anticipate doing: ☐ Night work ☐ Weekend work ☐ Shift work

Days/hours \_\_\_\_\_

Monday - Friday 7:30 am - 3:30 pm

12. The party you are doing the work for: Name City of North Tonawanda

Address 830 River Road

City, Town or Village North Tonawanda

State NY Zip Code 14120

13. Dollar amount of contract between parties named in Item 3 and Item 12. \$ 24900

14. If work is being conducted under a variance, check appropriate box and supply variance number.

Note: Forms AV 86 through AV 120 can no longer be used. Please refer to Part 56 of Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York (12 NYCRR Part 56).

☐ Applicable variance number: \_\_\_\_\_ ☒ Individual variance petition number: applied for

15. Procedures and type of equipment and ventilation system used (attach more sheets, if necessary.)

a) Type of equipment and ventilation systems used: Waste decontamination unit - hepa vacuum, water filtration system, Negative air machines respirators

b) Name of air monitoring firm: Envoy Environmental  
Asbestos license number: 28454

c) Name of laboratory performing the analysis: Paradigm  
ELAP Registration number: 10958

16. Type of asbestos work (check all that apply)

- ☒ Pipe related      ☐ Roofing/flashing      ☐ Caulking/Mastic      ☒ Clean up  
☐ Vessel covering      ☐ Siding      ☐ VAT      ☐ Sprayed on insulation  
☐ Other (specify) \_\_\_\_\_

☐ Demolition: if site survey was previously submitted, provide the reference: \_\_\_\_\_

17. Waste transporter name: Waste Management

NYS DEC permit number: 9A-047

Address: 100 Ramsier Dr.

City, Town or Village: West Seneca

State: New York or Province: \_\_\_\_\_

Zip Code: 14224

Phone number: 716-674-5195

18. Waste disposal site

Name: CID Chaffee Landfill

Address: 10860 Olean Road

City, Town or Village: Chaffee

State: NY or Province: \_\_\_\_\_

Zip Code: 14030

Phone number: 716-496-5000

19. Type and amount of asbestos-containing material involved

Friable linear feet	<u>20</u>	Friable square feet	<u>750</u>
Non-Friable linear feet +	_____	Non-Friable square feet +	_____
Total linear feet	= <u>20</u>	Total square feet	= <u>750</u>

**E. Fee schedule**

This fee is non-refundable. Refer to Item 19 to calculate your required fees.

Check one box for linear feet and one box for square feet.

20. Fee schedule:

a) Linear feet

- ☒ 0 – 259 ..... (\$0)  
☐ 260 – 429 ..... (\$200)  
☐ 430 – 824 ..... (\$400)  
☐ 825 – 1649 ..... (\$1,000)  
☐ 1650 or more ..... (\$2,000)

b) Square feet

- ☐ 0 – 159 ..... (\$0)  
☐ 160 – 259 ..... (\$200)  
☐ 260 – 499 ..... (\$400)  
☒ 500 – 999 ..... (\$1,000)  
☐ 1000 or more ..... (\$2,000)

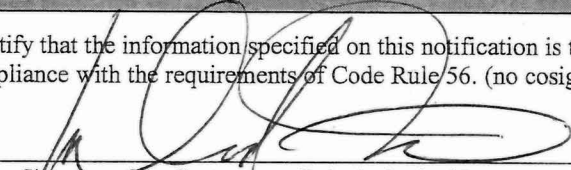
21. Total fee due for project \$ 1,000<sup>00</sup> (add 20a and 20b)

**F. Remarks**

Use this area to provide details. Attach more sheets, if necessary.

**G. Signature**

I certify that the information specified on this notification is true and accurate and that the project will be conducted in compliance with the requirements of Code Rule 56. (no cosigns or stamps)

  
\_\_\_\_\_  
Signature of the Contractor or Duly Authorized Representative

\_\_\_\_\_  
Date

8-31-2016

David Mazur

\_\_\_\_\_  
Print name of the Contractor or Duly Authorized Representative

\_\_\_\_\_  
Date

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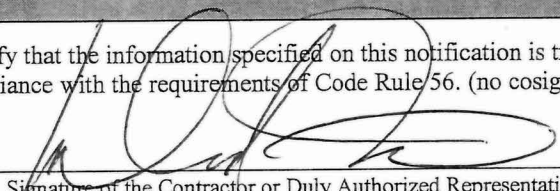
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